us, of cories sect	14.0		
DISTRIBUTIO	N		1
SANTA FE			<u> </u>
FILE			<u> </u>
U.S.G.S.		<u> </u>	<b>↓</b>
LAND OFFICE		<u> </u>	
TRANSPORTER	<u>.</u> ت		1_
IMANSFORTER	GAS		
OPERATOR		<u>L</u>	↓
PRORATION OF	ICE	<u></u>	上

Form C-104

	DISTRIBUTION	NEW MEXICO DIL CON	OR ALLOWABLE	Superseder Oid C-104 and C-		
-	FILE		AND	Effective 1-1-65		
1-	u.s.g.s.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS	5		
	LAND OFFICE					
F	TRANSPORTER DIL					
	GAS		/			
	OPERATOR		_			
	PRORATION OFFICE					
Ι,	Tenneco					
-	Address	200155				
-	Box 3249 Englewood	d, Colorado 80155	Other (Please explain)			
	Reason(s) for Hing (Check proper box)	Change in Transporter of:				
- 1	New Weit X	Oil Dry Gas				
	Recompletion Change in Ownership	Casinghead Gas Condens	ate			
L						
1	f change of ownership give name and address of previous owner					
		FASE		Lease No		
II. J	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	rmation Kind of Lease	erFee Federal NM 494		
- 1	Sullivan Frame Com B	1 Undesignat	ed Chacra State, Foderal	rederal Mi 494		
t	Location		2001	West		
	Unit Letter D : 11	75 Feet From The North Line	and 880' Feet From T			
	30 -		LOW , NMPM, San Jua	County		
l	Line of Section	isnip				
TT	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)		
· ·	Name of Authorized Transporter of Oil	or Condensate	D O Dow 460 Hobbs New	Mexico 88240		
1	Conoco		: Address (Give address to which approv	ed copy of this joint is to be sent,		
	Name of Authorized Transporter of Cas.	Indusad Pas	P.O. Box 990, Farmingto	n, New Mexico 87401		
	El Paso Natural Gas	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe			
	large leggtion of torks.	D 30 29N 10W	No I			
	and the second s	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'		
- • •	Designate Type of Completion	n = (X)	x	1 .		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 4500 '	P.B.T.D. 4486'		
	9/15/80	11/4/80		Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Chacra	Top 01/Gas Pay 2702	4486'		
	5466' gr	Chacra		Depth Casing Shoe		
	Perforations 2702-10, 2795	-2803'				
		TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	300sx		
	1214"	9-5/8" 36#	291' KB 4529'	lst stg. 340 sx		
	8-3/4"	7"	4529	2nd stg. 875 sx		
		2-3/8"	3974'			
	. TEST DATA AND REQUEST F		after recovery of total volume of load oil	and must be equal to or exceed top allo		
V	OU WELL	able for this d	lepth or be for full 24 hours)  [ Producing Mathod (Flow, pump, gas l			
	Date First New Oil Run To Tanks	Date of Test				
		Tubing Pressure	Casing Pressure	Crisco Space 2 1001		
	Length of Test			GO MCF DIOT 2		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	DIST 3		
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	3 hrs		Choze Size		
	Q = 1676 Testing Method (putot, back pr.)	Tubing Pressure (Shut-in) 975 PSI	Casing Fressure (Shut-in) 975 PSI	3/4"		
	Back Pressure			ATION COMMISSION 0 1001		
V	I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	NOV 1,9 1981		
-	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  (Signature)		APPROVED			
			C. BY Original Signed by FRAN	K T. CHAVEZ		
				SUPERVISOR DISTRICT # 3		
			TITLE			
				n compliance with RULE 1104.		
			If this is a request for allowable for a newly drilled of deep			
			well, this form must be accounted to taken on the well in ac	cordance with RULE 111.		
	Assistant Division Admi	nistrative Manager	- All sections of this form	must be filled out completely to		
	1.1.10.10	Title) 1				
	13/2/80	(Date)		II. III, and VI to thange of condition or other such change of conditions in the filed for each pool in multi-		
	′ /	·=	Separate Forma C-104 E			

NO. OF COPIES RECE	14.0		
DISTRIBUTIO	N		
SANTA FE			
FILE			
U.S.G.S.			L
LAND OFFICE			
IRANSPORTER	OIL	and i	
INANSPORTER	GAS		
OPERATOR			$\perp$
PROBATION OF	FICE	Ĺ	

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104	
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C- Effective 1-1-65
FILE	<b>_</b>	AND	4.5
U.S.G.S.	_ AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	A5
LAND OFFICE	4		
TRANSPORTER OIL	4		
GAS	4	/	
OPERATOR	4		
PRORATION OFFICE			
Tenneco			
Address			
Box 3249 Englew	ood, Colorado 80155		
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	<u> </u>	
Change in Ownership	Casinghead Gas Condens	sate	
of a marchin give name			
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	Well No.; Pool Name, Including Fo	ormation Kind of Leas	e Lease No
Lease Name Sullivan Frame Com E		, , , , , , , , , , , , , , , , , , , ,	ner Fee Federal NM 494
		(Arabb file:	
Location	Nowth to	e and 8801 Feet 7rom	The West
Unit Letter D ::	1175 Feet From The North Line		
30		10W , NMPM, San Ju	ıan County
Line of Section	Township Hange		
TO THE ANGRO	RTER OF OIL AND NATURAL GA	ıs.	
Name of Authorized Transporter of	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
Conoco	_	P.O. Box 460 Hobbs, Nev	w Mexico 88240
Name of Authorized Transporter of	Casinghead Gas or Dry Gas _X	Address (Give address to which appro	oved copy of this form is to be sent)
El Paso Natural Gas		P.O. Box 990, Farmingt	on, New Mexico 87401
	Unit Sec. Twp. P.ge.	is que detain; admire	ASAP
If well produces oil or liquids, give location of tanks.	D 30 29N 10W	No I	
dive incurion of terrary	with that from any other lease or pool,	give commingling order number:	•
If this production is commingled	with that from any other lease of poor,		The second secon
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Res
Designate Type of Comple	etion = (X)	X	! ! !
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 4486'
9/15/80	11/4/80	4500'	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Tep Oll/Gas Pay	Tuping Depth 4486
5466' gr	Chacra	2702'	
Perforations			Depth Casing Shoe
2702-10, 27			
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
124"	9-5/8" 36#	291' KB	300sx
8-3/4"	7"	4529'	lst stg. 340 sx 2nd stg. 875 sx
			/nd Stg. 8/3 SX
	2-3/8"	1 3974'	il at a standard to or exceed top al
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load o depth or be for full 24 hours)	oil and must be equal to or exceed top al
OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	Date of Test		i i
		Casing Pressure	Crose Stre
Length of Test	Tubing Pressure		
		Water - Bhis.	Gas MCF
Actual Prod. During Test	Oil-Bhis.	Water - Doile	G. 100
			10 May 124 124 124 124 124 124 124 124 124 124
			- T - Marke 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14
GAS WELL	I comb of Tool	Bhis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Q = 1676	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size
Testing Method (puot, back pr.) Back Pressure	975 PSI	975 PSI	3/4"
		OIL CONSER	VATION COMMISSION . 100
I. CERTIFICATE OF COMPL	IANCE		19198
		APPROVED	
	and regulations of the Oil Conservation ied with and that the information give	Outstand State of the ERA	
Commission have been complete the above is the and complete the	o the best of my knowledge and belies	ł I	
<u></u>		TITLE	PERVISOR DISTRICT # 3
/1		11	
//. / `)	12 11	li .	in compliance with RULE 1904.
( frolly / Williams		If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi	
	(Signature)		
Assistant Division Ad	ministrative Manager	- Il sections of this form	must be filled out completely for a
	(Title)	able on new and recompletes	. w w and 37 for changes of 9
<u> </u>	40	II would name by but bott of trans	fulfer or ormer and
	(Cate)	Directe Formt C-104	note be filed for each pool in mu

All sections of this form must be filled out completely for alloable on new and recompleted wells.

Fill out only Sections I. H. HI, and VI for changes of owner well name or number, or transporter, or other such change of condition of the filled for each pool in multiple of the filled